

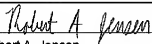
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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/586,170-Conf. #2832
	Filing Date	July 17, 2006
	First Named Inventor	Xiuli Hao
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	H0678.70006US00
Total Number of Pages in This Submission		

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Notification of Missing Requirements <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Combined Declaration and Power of Attorney</b>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Robert A. Jensen		
Date	October 28, 2008	Reg. No.	61,146

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: October 28, 2008

Signature:  (Patricia L. Marchetti)

<b>Effective on 12/08/2004.</b> <b>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218).</b> <h2 style="text-align: center;">FREE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<b>Complete if Known</b> Application Number: 10/588,170-Conf. #2632 Filing Date: July 17, 2008 First Named Inventor: Xiuli Hao Examiner Name: Not Yet Assigned Art Unit: N/A Attorney Docket No.: H0678.70008US00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

#### METHOD OF PAYMENT (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account    Deposit Account Number: 23/2825    Deposit Account Name: Wolf, Greenfield & Sacks, P.C.  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

##### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
6	- 20 or HP	x	=			
HP = highest number of total claims paid for, if greater than 20.						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
1	- 3 or HP	x	=			
HP = highest number of independent claims paid for, if greater than 3.						

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/50 =	(round up to a whole number) x	=	

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): 1 051 Surcharge-Late oath or declaration 130.00

##### SUBMITTED BY

Signature: <i>Robert A. Jensen</i>	Registration No. (Attorney/Agent): 81,148	Telephone: 617.646.8000
Name (Print/Type): Robert A. Jensen	Date: October 28, 2008	

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: October 28, 2008

Signature: *Patricia L. Marchetti* (Patricia L. Marchetti)